DOCUMENT RESUME

ED 149 215 CG 012 085

AUTHOR Pearlman, Samuel
TITLE Evaluation Issues in Continuing Education.
PUB DATE 28 Aug 77
NOTE 9p.; Paper presented at the Annual Convention of the American Psychological Association (San Francisco, California, August 26-30, 1977). Best Copy Available

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Adult Education; *Certification; Continuing Education Units; Credentials; Legislation; Professional Associations; *Professional Continuing Education; *Skills; *Social Responsibility; *State Licensing Boards; State of the Art Reviews

ABSTRACT

Once licensed by government, the professional individual assumes the obligation to provide service in his area of training to the general public. The grant of a license for such service must be considered to be a privilege rather than a right, need not be for the professional's lifetime, and can be conditioned (as it always has been) by legislative action. Mandated continuing education, as a partial effort to insure competency in professional service, clearly falls within the scope of this public-welfare concept. Some part of the current burgeoning movement for compulsory continuing education stems from the "consumerism" trends of our society; at the same time, this movement has been enhanced by a seepage of public faith and trust in the capability of the current licensure system and of professional organizations to produce or maintain competencies in professional service. What is therefore involved for government and the professions in these circumstances is a careful regulation of continuing-education procedures, which will hopefully provide evidence of effectiveness over a period of years, and avoid the risks of meaningless and deceitful educational efforts. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

BEST COPY AVAILABLE

ED149215

- ABSTRACT -

Evaluation Issues in Continuing Education *

Samuel Pearlman, Ph.D.

Once licensed by government, the professional individual assumes the obligation to provide service in his area of training to the general public. The grant of a license for such service must be considered to be a privilege rather than a right, need not be for the professional's lifetime, and can be conditioned (as it always has been) by legislative action. Mandated continuing education, as a partial effort to insure competency in professional service, clearly falls within the scope of this public-welfare concept. Some part of the current burgeoning movement for compulsory continuing education stems from the "consumerism" trends of our society; at the same time, this movement has been enhanced by a seepage of public faith and trust in the capability of the current licensure system and of professional organizations to produce or maintain competencies in professional service. What is therefore involved for government and the professions in these circumstances is a careful regulation of continuing-education procedures, which will hopefully provide evidence of effectiveness over a period of years, and avoid the risks of meaningless and deceitful educational efforts.

* Paper presented at the "Symposium on Current Developments in Continuing Education," sponsored by the APA Division of Clinical Psychology (Section 2), and held at the 85th annual convention of the American Psychological Association, San Francisco, Calif., August 28, 1977. Address of author: 671 Euclid Avenue, West Hempstead, New York 11552.

CG012085

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Samuel Pearlman
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

Evaluation Issues in Continuing Education

Samuel Pearlman, Ph.D.

"The gap between what the professions can deliver and what the public expects them to deliver results from two trends beyond their control: technological complexity and egalitarianism. Both trends are forcing a thoroughgoing reassessment of how well professionals do their jobs and a redefining of what it is they do. The outcome of that reassessment will have great impact not only on professionals but on society as well." This statement, derived from a 1976 article on "The Troubled Professions" (1), highlights our current concerns. The respective bodies of knowledge implicit in professional learning have so expanded over the years that it is no longer feasible to rely on the absorptive capacity of the single professional. The latter, in an effort to provide himself with an in-depth base for service, has been forced to specialize in a portion of his field, and, in the extreme situation, to become a "specialized specialist." I consider this to be a defensive trend rather than one dependent on the mix of aptitudes and interests of the individual. The aspect of continuing professional development that is important in this instance is the need to structure and organize swirling knowledges into reasonably digestible segments which can lend themselves to application at an acceptable level of quality. It should be obvious by now that the individual professional can rarely manage this on his own, and that it must fall to the forces of government and the professions themselves to develop systems of continuing professional growth in an assumed surety that the public thereby can be better served. Continued professional learning and experience for the service lifetime of the individual, whether mandated through statute or as a requirement for membership in a professional association, is clearly in line with this forcing trend.

The second significant element of my initial quotation touches on "egalitarianism." It is no longer acceptable that professional service be limited to special population groups, socioeconomic classes, or geographic concentrations. Once licensed by

government or certified by an organized profession, the professional person assumes the obligation to provide services to groups and in places of determined need. The licensed individual cannot think of himself as being in an open and free market; indeed, he would be in grievous error to consider himself to be competitively untrammeled, since by his very accession to the licensure process he has already placed himself into a bound and constricting condition. Once he has accepted this initial restriction, he perforce may be required to accept others for the sake of the public welfare; and in practice our courts have given considerable support to this concept. If an expanded population, apparently deprived in some of its parts of service equality, is by right entitled to professional services, then it becomes a requisite responsibility of professionals to provide such services, and to provide them at a level of quality and competence that forestalls discrimination. Mandated professional education and training patently fall within this conceptual context.

The current pressures in the licensure scene are so great as to indicate the beginnings of a second revolution. The first may be considered to have taken place slightly over a century ago, when the first licensing board in this country was established by State law to regulate a profession. Every State since that time has entered the arena of professional regulation, and the range of such regulation has been considerably broadened, especially in the few decades since World War II. In this year of 1977, for example, New York State through its Board of Regents controls the practice of 29 stated professions, in the first instance through licensure or certification and, at another level, through the application of a broad-gauged set of rules of professional conduct. Typically, over the country, licenses or certificates have been awarded for a lifetime, and were so tied in with specified qualifications and examinations as to give presumption of a warranty of competence in practice. Furthermore, the functioning of this traditional system was placed, except for rare appeals therefrom, in the hands of the respective professions.

What has changed in recent years was the attitude toward the entrenched system of professional privilege reflected in licensure and certification. Seepages of trust and faith have occurred concerning the capability of current licensure procedures to produce or maintain competencies in service, and the negativism has been enhanced by a continual reporting of "horror stories" of professional misfeasance in the public media. The consequence? In the public mind, little has been left of the trusting approach that the professions could be depended on to cleanse their homes. An interesting example of this change might be noted in the recent passage by the New York State legislature of a measure requiring physicians to report individually any instances of unprofessional conduct among their colleagues.

Permit me to state a few of the derivatives of this loss of trust:

1. What has been characterized as "burgeoning consumerism" is now expressing an insistence that quality performance is a right of the recipient of professional service, without regard to social class and economic circumstance.

2. There is a clearer understanding than ever that the grant of a professional license or certificate is a matter of privilege rather than of right for the individual. As a privilege under law, it can be withdrawn in specified circumstances, or be restricted in term, or be made subject to renewal under certain conditions, all within the compass of non-arbitrariness and non-discrimination.

3. "Sunset" statutes have begun to appear in the States, focused on the theme that every governmental agency or board (inclusive of the licensing boards) must justify its continued existence on a periodic basis. The "what," "why," and "how much" of this demand is but an aspect of the zero-based pattern of budgeting process so recently visible in governmental and industrial circles.

4. Several States have already acted to require the addition of "public members" to their professional licensing boards. The motivation behind these measures is to make these boards more responsive to public needs by attenuating the claimed mortmain-like grip of the professions on their respective licensing boards. California is the best example of a State with this requirement.

5. Within the past half-dozen years, a new credentialing system for the professions - institutional licensure - has been proposed for the operations of integrated health-delivery contexts, in order to provide better frameworks for public accountability. Institutional licensure is still a developing experimental model, and no strong evidence has been produced to indicate that it will more constructive than the current model of individual professional licensure. Nevertheless, the concept of institutional licensure is striking fire among certain State and Federal agencies (2). To be added to this movement are the proposals for required continuing professional education in the slough of Congressional bills for a national health structure.

6. The idea of mandated continuing professional education is one whose time has come. The balance of my presentation is focused on this topic.

A current breakdown of the States (as of 1977) which require continuing education for relicensure or reregistration for a number of the professions shows the following (3):

for nurses:	9 States	
for lawyers:	7 States	
for optometrists:	45 States	
for veterinarians:	18 States	
for social workers:	6 States	
for pharmacists:	14 States	
for physicians:	17 States	(plus another 11 not yet implemented)
for dentists:	8 States.	

In respect to psychology, there were 6 States with such mandated requirements.* A number of other States have the subject under Board or legislative consideration. As has been pointed out to you by the previous speakers at this Symposium, several of the national organizations in psychology have given considerable attention to the topic within the past three years. The APA Committee on State Legislation, in its 1975 draft report on model State laws affecting the practice of psychology, has forthrightly stated that such legislation "shall include provisions for the periodic renewal of a license to practice psychology contingent upon evidence acceptable to the Board of Psychologist Examiners of continuing professional education meeting criteria adopted by that Board." In its 1976 draft report, the APA Continuing

* By 1976: Maryland, Utah, Nevada, Oregon, South Dakota, and Colorado. One Canadian Province (Nova Scotia) should also be noted here.

Education Task Force (E & T Board) supported the position of the APA Committee on Legislation, adding that "psychologists should be expected to provide public documentation of continuing education as a condition for relicensure until such time as relicensure is based upon a valid and reliable competency measure." (On the completion of its assigned task, this Task Force was replaced in 1977 by a regular and ongoing Continuing Education Committee of the APA Education and Training Board.) Furthermore, the new (1977) Ethical Standards of Psychologists, adopted by the APA Council of Representatives, included under the rubric of "Competence," the statement that "psychologists recognize the need for continuing education."

The American Association of State Psychology Boards has acted last year, through its Committee on Continuing Education, to establish guidelines for accrediting continuing education in psychology. Its approach is pinpointed in the statement that "participation in continued professional educational activities should be an obligation of the practicing psychologist." The American Board of Professional Psychology has to date engaged in discussions on the subject as related to the renewal of its Diploma, but has not as yet arrived at any decision.

All these actions represent significant movement within very few years. Mandatory continuing education is presently at the level of national policy in psychology. It is only a matter of time, and none too long at that, that voluntary systems of continuing education will be absorbed into established mandated systems. Apart from the technical organization of the latter, certain issues are sure to surface and demand resolution or at least effective compromise.

(a) Continuing professional education is bound to become, as it were, big business. As one dean put it, "many who will get into the act are only there to make money." Cautious and prudent management of the process of certifying organizations and institutions offering programs of continuing education is a requisite to the maintenance of the quality of such offerings.

(b) Coordinate with the establishment of laws and guidelines for mandated continuing education must be an action program of education and indoctrination as to the values of continuing education. Constructive orientation will take considerable time, and I would not hesitate to say that a whole generation of psychologists will pass through varying systems of continuing education before a new generation will fully accept continuing education as a routine part of the professional life. Most psychologists will accede to, and even welcome, their required participation, but there will be sufficient numbers of resistant psychologists, who have been raised, so to speak, in a context of lifetime licensure and who will argue against any imposition on their so-called "property rights" in licensure. One needs but to read the reports of the New Mexico medical board (mandated continuing education for relicensure) and of the Oregon Medical Association (mandated continuing education for retention of Association membership), in order to understand the organizational troubles and expense involved in securing full compliance.

(c) Laws and membership organizations mandating continuing education must have their enforcement provisions or rules spelled out in detail, with some degree of inflexibility. Most such provisions, if they appear at all, are not sufficiently specific, and have such a permissive range of action that it may take several years to effect the intended goals.

(d) Regretful as it may be, there is a need to have safeguards against fraud and deceit in the management of a required system of continuing education. It is not farfetched to figure there will be some court cases arising out of the ways some psychologists will manipulate the mechanics and provisions of the system.

(e) Compulsory continuing education is clearly a constructive response to a public demand for maintained or higher-level competence in professional service. At the same time, as we in psychology should particularly understand, there is no probative evidence indicating a significant positive relationship between continuing education and competency. In a sense, therefore, it is within reason

to think of mandated continuing education as a public palliative, useful in soothing and relieving the public pressures on the profession. It behooves psychologists to react to this implication by undertaking long-term ventures in the assessment of competence. The APA Continuing Education Task Force report is, from my knowledge, the only one to have made a forceful statement on this point.

REFERENCES

(1) "The Troubled Professions" - an article in Business Week, August 16, 1976.

(2) Cohen, Harris S., & Miike, Lawrence H. Developments in health manpower licensure: A follow-up to the 1971 report on licensure and related health personnel credentialing. June, 1973. DHEW Publication No. (HRA) 74-3101.

(3) Phillips, Louis E. The status of mandatory continuing education for the professions. Paper presented at the 62nd annual conference of the National University Extension Association, Division of Continuing Education for the Professions, March 21, 1977; and Chronicle of Higher Education, 1977(April 11), 14(4), 8.